

## SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

### ACCIDENT STATEMENT

Date of Submission ..... 14/06/2022 15:08 (SGT)  
Date of Accident ..... 11/06/2022 15:35 (SGT)  
Exact Location of Accident ..... Braddell Rd, Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SLC6352L

#### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... FORTE AUTO LEASING PTE LTD  
Company Reg No ..... 201631486C  
Email Address ..... FORTEAUTOLEASINGPTE LTD@GMAIL.COM  
Mobile Phone No ..... (Phone) +65-88580162  
Alternative Phone No ..... +65-88588862

#### VEHICLE PARTICULARS

Manufacturer ..... Toyota  
Model ..... Vios  
Variant ..... -  
Exact purpose for which vehicle was being used at time of accident ..... Private hire  
Are you claiming under your own insurance policy for repair to your vehicle? ..... No - Claiming third party  
Vehicle Category ..... Private hire  
Transmission ..... Auto  
CC ..... 1500

#### INSURANCE COMPANY

Name of Insurance Company ..... AXA Insurance Pte Ltd  
Type of Coverage ..... ThirdParty  
Fleet Policy ..... No  
Policy Number ..... P2343358  
Cover Note Number ..... -

#### DRIVER

Name of Driver ..... LOW CHENG TECK  
NRIC No ..... S7241020C

Date Of Birth	13/11/1972
Occupation	Outdoor
Date Of Driving Pass	03/05/2007
Driving experience	15 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-92723638
Alt. Phone Number	-
Email Address	CHENGTECK1311@GMAIL.COM
Address	BLK 429B YISHIN AVE 11 #13-362
Address complement	-
Postcode	762429
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

#### GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Collision - Head to Rear
Weather Conditions	Clear
Road Surface	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

#### DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Yishun North Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18008529999
Alt. Police Station Phone No	(Fax) +65-68522299
Police Station Address	31 Yishun Central Singapore 768827
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

REFER TO ATTACHED  
STATEMENT RECORDED BY LILY - PROGRESSIVE CAR CARE PTE LTD 67415336

#### ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	WITH TRAFFIC POLICE
Was there any audio recorded?	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	QX515D
Vehicle Manufacturer	-
Vehicle Model	-



Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Government
Name of Driver .....	-
Contact Number .....	-
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-



**SKETCH PLAN**

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7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

**8. Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that :

(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of :

- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
- (ii) investigating the accident and/or my claims;
- (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
- (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
- (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.

(collectively the "Purposes")

(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

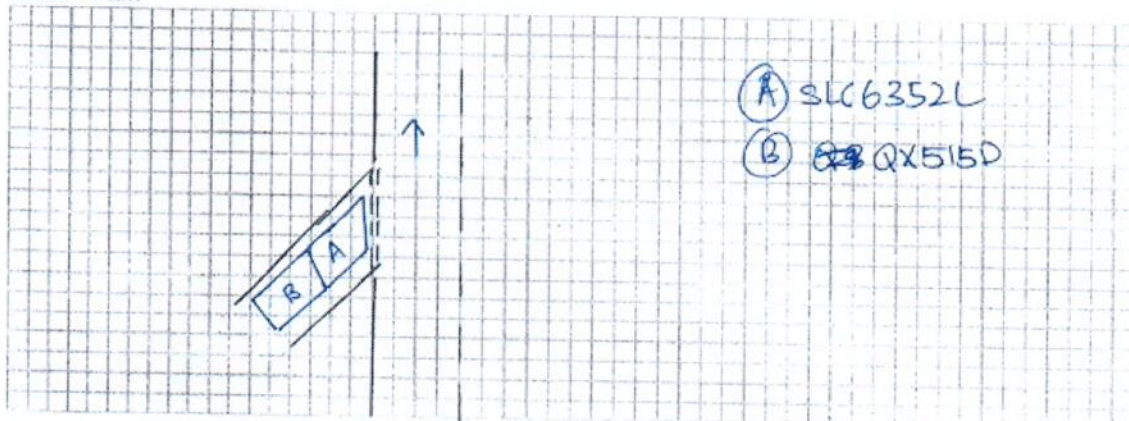


Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

**Sketch Plan**



**Describe Circumstances of the Accident**

AS PER POLICE REPORT


**Declaration**


We declare the foregoing particulars are true in every respect.

If you wish to claim against your own policy, please be advised that your insurer may have a fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence. Kindly check with your insurer for more details.

  
 Policyholder's Signature / Date  
 Time



  
 Driver's Signature (If driver is not the policyholder) / Date  
 & Time

  
 Witnessed by Reporting Centre  
 Personnel





**SINGAPORE  
POLICE FORCE**



T/20220611/2093

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Police Station Of Origin:  
Yishun North N.P.C  
31 Yishun Central SINGAPORE 768827  
Tel No: 1800-8529999

Report No. T/20220611/2093

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 11/06/2022 19:27	Vide Report No.: E/20220611/0138	Station Diary No.: 83
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<b>Informant's Particulars</b>		
Name of Informant: LOW CHENG TECK		Address: APT BLK 429B YISHUN AVENUE 11 #13-362 SINGAPORE 762429
ID Type / ID No.: NRIC NO / S7241020C	Contact No.: Home/Office:	Mobile: 92723638
Nationality: SINGAPORE CITIZEN		Email:
Sex: Male	Age: 49	Date of Birth: 13/11/1972
Type of Informant: Driver		Institution / School Name:
Race: Chinese		Language:
Occupation: PRIVATE AMBULANCE DRIVER		Driving Licence Information: Class: 3,4
		Date of Expiry:

**General Information of the Accident**

Type of Accident: Non-Injury Government Vehicle	Drink Drive: No	Date/Time of Accident: 11/06/2022 15:35	Type of Location: Bend
Location: BRADDELL ROAD			
Lamp Post Number: 67			
Weather: Clear	Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way	Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear		Anyone conveyed by ambulance: No	

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
QX515D	Car	TOYOTA	Altis	White	Slightly Damaged	1
SLC6352L	Car	TOYOTA	Vios	Silver	Slightly Damaged	0

**Details of Person Involved**

Any Pedestrian Involved: No	Use of Pedestrian Crossing: NA
No. of Pedestrians Injured: NIL	


**SINGAPORE  
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Report No. T/20220611/2093

**CONTINUATION OF REPORT**

<b>Driver</b>				
Name	LOW CHENG TECK		ID No.	S7241020C
Related Vehicle	SLC6352L (Car)		Contact No.	92723638
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 3,4 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL

**Brief Details.**

On the above mentioned date, time and location, I was driving my above mentioned vehicle. While I was entering the slip road at filter lane of Braddell Rd, I was checking my blindspot for vehicles passing while inching out. Suddenly, I felt something collided at the rear side of my vehicle. I then exited my vehicle to check what had caused the collision. A police car bearing plate number QX515D had collided into the rear side of my car. The police officers in the said police car then requested for my particulars. After which, me and the police officers awaited for Traffic Police arrival.

At around 1630hrs, traffic police officers arrived at the accident location and attended to me. The traffic police officer then seized my dashcam's memory card and issued me with a police case card with police report number E/20220611/0138. The traffic police officer also advised me to lodge a traffic accident report.

I am not injured and do not require medical attention due to the accident.



**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Yishun North N.P.C  
31 Yishun Central SINGAPORE 768827  
Tel No: 1800-8529999



T/20220611/2093

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Report No. T/20220611/2093

CONTINUATION OF REPORT

**Sketch Plan**

Informant is not able to provide sketch plan

**IMPORTANT:** Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature of Officer Recording The Report:

L /

SGT 2 MUHAMMAD AMEER  
SYAFIQ BIN ABU BAKAR

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / GIA /  
SI TAN JEOK LENG  
Contact No.: 65476151

Signature Of Informant:

Date/Time:  
11/06/2022 19:27

Classification Of Case:

NP168